

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4-15-99</u>		2 Serial/Patent # <u>09/248,371</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓	Filing			\$ 380.00
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
✓	Other (Claims)			\$ 540.00
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Check yellow sheet (credit) </div>		7 TOTAL AMOUNT OF REFUND		\$ 920.00
10 REASON:		8 TO BE REFUNDED BY:		
✓	Overpayment	<div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;">✓</div> Treasury Check </div>		
	Duplicate Payment	<div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;"></div> Credit Deposit A/C #: </div>		
	No Fee Due (Explanation):	<div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center;">9</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> 06--1050 </div> </div>		
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Claiming Small Entity </div>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Doris King</u>		TITLE: <u>C.I.E</u>		
SIGNATURE: <u>Doris M. King</u>		PHONE: <u>306.4213</u>		
OFFICE: <u>John Smith</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>5/3</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: